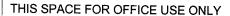


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org





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STATE E HORA TATE ETHIOS COMMININ

LOBBYIST REGISTRATION FORM

DADTI LODOVICE		(Type or Print Clearly)			
PART I LOBBYIST	200				
NAME(Last)	(First)	(Middle)	TELEPHONE		
Tsujimura	Rick	(521-9500		
MANUFIC ADDRESS (O)					
MAILING ADDRESS (Street)			FAX		
745 Fort Street Mall, 17 th Floor			541-9050		
(City)		(State) (Zip ((Zip Code)		
Honolulu		\—.F	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
MAILING ADDRESS (Street)			FAX		
(City)		(State) (Zip 0	Code)		

PART II ORGANIZATION		
The Honolulu Advertiser		
MAILING ADDRESS (Street)		FAX
605 Kapiolani Boulevard		525-8685
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Mike Fisch		525-7440
MAILING ADDRESS (Street)		
, ,		FAX
605 Kapiolani Boulevard		525-8685
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

PART III DESCRIPTION	ON OF SUBJECTS UPON WHIC	H YOL	I FYPECT TO LORBY				
[] Agriculture	[] Education	[]	Human Services	[X] Science, Technology &			
[X] Communications & Public Utilities	[X] Government Operations & Finance	[]	Intergovernmental Relations, International Affairs	Economic Development [] Tourism & Recreation			
[X] Consumer Protection & Commerce	[] Hawaiian Affairs	[]	Labor & Employment	[] Transportation			
[] Culture, Arts, Historic Preservation	[] Health	[]	Planning, Land & Water Use Management	[] Other: (indicate below)			
[] Ecology, Energy Environmental Protection	[] Housing	[]	Public Safety & Corrections				
PART IV CERTIFICAT	ION OF LOBBYIST						
	the information furnished above	Ts. to ti	he best of my knowledge	correct and complete			
	MAMAIN	m	/ / / / / / / / / / / / / / / / / / /	2/27/07			
	(Signature of Lobbyist)	10/		(Date)			
				7(24.0)			
PART V AUTHORIZAT	TION TO LOBBY	<u> </u>					
Mike Fisch		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
MIKE FISCH		President and Publisher					
NAME OF ORGANIZATION (if			TE	LEPHONE			
The Honolulu Advertise	PT .		52	5-7440			
MAILING ADDRESS (Street)			FA	X			
605 Kapiolani Boulevar	d		52	5-8685			
(City)	(State)	, ,					
Honolulu	Hawaii		96813				
I hereby authorize the	e above - named person to eng	age in	lobbying activities on beh	alf of the undersigned.			
/ (Sig	nature of Authorizing Officer or Person	Represe	ented)	(Date)			